

**A RESOLUTION  
BY EXECUTIVE / FINANCE COMMITTEE**

AUTHORIZING THE MAYOR TO ENTER INTO CONTRACTUAL AGREEMENTS FOR FC-4907, EMPLOYEE BENEFITS, WITH BLUE CROSS BLUE SHIELD OF GEORGIA FOR GROUP HEALTH - POS AND LIFE, KAISER PERMANENTE FOR GROUP HEALTH - HMO, HUMANA HEALTH CARE FOR DENTAL - HMO, CIGNA HEALTH CARE FOR DENTAL - PPO, OPTUM HEALTH FOR VOLUNTARY VISION, AND THE AFLAC ASSURANCE FOR FLEXIBLE SPENDING ACCOUNTS (FSA) AND VOLUNTARY BENEFITS; ESTABLISH PREMIUM RATES FOR HEALTH, DENTAL AND VOLUNTARY VISION - EMPLOYEE FUNDED INSURANCE FOR FY2010 TO BE CHARGED TO AND PAID FROM THE APPROPRIATE FUND, DEPARTMENT, ORGANIZATION, AND ACCOUNT NUMBERS: 6002 200604 5730201 (EMPLOYEE HEALTH INSURANCE EXPENSE), 6002 200605 5730202 (NON-EMPLOYEE/RETIREE HEALTH INSURANCE EXPENSE), 6002 200609 5524002 (EMPLOYEE VISION CARE INSURANCE), 6002 200611 5524003 (RETIREE VISION CARE INSURANCE), 6002 200607 5730201 (EMPLOYEE LIFE INSURANCE EXPENSE), 6002 200608 5730202 (NONEMPLOYEE/RETIREE LIFE INSURANCE EXPENSE); AND FOR OTHER PURPOSES.

**WHEREAS**, the City of Atlanta solicited Requests for Proposals for FC-4907, Employee Benefits, on behalf of the Department of Human Resources; and

**WHEREAS**, the Commissioner of Human Resources and Chief Procurement Officer have recommended that contractual agreements for FC-4907, Employee Benefits, to be awarded to the most responsive and responsible proponents; and

**WHEREAS**, the agreements shall be for a period of three (3) years with the 2<sup>nd</sup> and 3<sup>rd</sup> years renewable at the sole discretion of the City.

**NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA:**

**SECTION 1:** The Mayor is hereby authorized to enter into appropriate contractual agreements for FC-4907, Employee Benefits, effective September 1, 2009, with: Blue Cross Blue Shield of Georgia for Group Health - POS and Life Insurance, Kaiser Permanente for Group Health - HMO, Humana Health Care for Dental - HMO, Cigna Health Care for Dental - PPO, Optum Health for Voluntary Vision, and The AFLAC Assurance for Flexible Spending Accounts (FSA) and Voluntary Benefits.

**SECTION 2:** Said contracts shall be for three (3) years with the 2<sup>nd</sup> and 3<sup>rd</sup> years renewable at the sole discretion of the City.

**SECTION 3:** The Commissioner of Human Resources, Chief Procurement Officer and City Attorney are authorized to engage in such further discussions with these companies as are necessary to protect the City's interest in the form of written contracts.

**SECTION 4:** The Department of Procurement is hereby directed to prepare the appropriate contractual agreements to be approved by the City Attorney as to form for execution by the Mayor.

**SECTION 5:** These contractual agreements shall not become binding on the City, and the City shall incur no liability upon same until such agreements have been executed by the Mayor, sealed by the Municipal Clerk, and delivered to the contracting parties.

**SECTION 6:** All services to be performed under these agreements shall be charged to and paid from the following fund, department, organization and account numbers:

6002	200604	5730201	Employee Health Insurance Expense
6002	200605	5730202	Non-Employee/Retiree Health Insurance Expense
6002	200609	5524002	Employee Vision Care Insurance
6002	200611	5524003	Retiree Vision Care Insurance
6002	200607	5730201	Employee Life Insurance Expense
6002	200608	5730202	Non-Employee/Retiree Life Insurance Expense

**SECTION 7:** The City's contribution for Health Insurance (medical and dental) shall be based on 70% of the premium for active employees and existing retirees, and 60% of the premium for employees who retire after August 31, 2009 and are, or become, Medicare eligible, in accordance with 08-O-1024. The premium for Vision Care shall be employee/retiree funded.

**SECTION 8:** The monthly total premium rates for Plan Year 2010 (September 1, 2009 through August 31, 2010) shall be charged under these contracts as follows:

## MONTHLY INSURANCE RATES

<b>BLUECROSS BLUESHIELD POS</b>	<b>Total <u>Cost</u></b>
<b>WITHOUT MEDICARE</b>	
Employee only	\$442.88
Employee and child(ren)	\$775.03
Employee and spouse	\$1,107.19
Employee and family	\$1,461.74
Beneficiary child(ren)	\$332.16
Widow(er) only	\$566.74
Widow(er)/bene child(ren)	\$898.88
Domestic Partner	\$664.31

### Self Insured

Base Administrative Fee	\$34.79
Stop Loss	\$25.56

<b>BLUECROSS BLUESHIELD *Smart Value</b>	<b>Total <u>Cost</u></b>
Retiree only-Medicare	\$278.58
Retiree and child(ren)-Medicare	\$610.73
Retiree and spouse (1 Medicare)	\$942.89
Retiree and spouse (2 Medicare)	\$557.16
Retiree and family (1 Medicare)	\$1,297.44
Retiree and family (2 Medicare)	\$889.31
Beneficiary child(ren)-Medicare	\$278.58
Widow(er) only-Medicare	\$278.58
Widow/bene child-Medicare	\$610.73

\*Part A and B medicare members must enroll in BCBS Smart Value Plan

<b>KAISER HMO</b>	<b>Total <u>Cost</u></b>
<b>WITHOUT MEDICARE</b>	
Employee only	\$ 374.51
Employee and child(ren)	\$655.38
Employee and spouse	\$936.30
Employee and family	\$1,235.90
Beneficiary child(ren)	\$374.51
Widow(er) only	\$374.51
Widow(er)/bene child(ren)	\$655.38
Domestic Partner	\$561.79

**KAISER  
HMO**

**Total  
Cost**

**WITH MEDICARE**

Retiree only-Medicare	\$313.27
Retiree and child(ren)-Medicare	\$828.21
Retiree and spouse (1 Medicare)	\$687.77
Retiree and spouse (2 Medicare)	\$626.54
Retiree and family (1 Medicare)	\$1,118.47
Retiree and family (2 Medicare)	\$1,001.04
Beneficiary child(ren)-Medicare	\$313.27
Widow(er) only-Medicare	\$313.27
Widow/bene child-Medicare	\$828.21

**KAISER  
\*Senior Advantage**

**Total  
Cost**

Retiree Only	\$313.27
Retiree and Spouse (2 Medicare)	\$626.54
Widow(er)	\$313.27

\*Part A and B medicare members must enroll in Kaiser Senior Advantage

**CIGNA DENTAL  
High Option**

**Total  
Cost**

Employee only	\$26.30
Employee and child(ren)	\$55.81
Employee and spouse	\$53.64
Employee and family	\$88.28
Beneficiary child(ren)	\$55.81
Widow(er) only	\$26.30
Widow(er)/bene child(ren)	\$55.81
Domestic Partner	\$27.34

**CIGNA DENTAL  
Low Option**

**Total  
Cost**

Employee only	\$26.29
Employee and child(ren)	\$51.00
Employee and spouse	\$53.64
Employee and family	\$80.98
Beneficiary child(ren)	\$51.00
Widow(er) only	\$26.29
Widow(er)/bene child(ren)	\$51.00
Domestic Partner	\$27.35

**HUMANA DENTAL (COMPBENEFITS)**  
**Access Managed Care**

**Total**  
**Cost**

Employee only	\$15.12
Employee and child(ren)	\$29.36
Employee and spouse	\$30.84
Employee and family	\$46.65
Beneficiary child(ren)	\$30.84
Widow(er) only	\$15.12
Widow(er)/bene child(ren)	\$30.84
Domestic Partner	\$15.72

**HUMANA DENTAL (COMPBENEFITS)**  
**Pre-Select**

**Total**  
**Cost**

Employee only	\$10.20
Employee and child(ren)	\$18.54
Employee and spouse	\$20.29
Employee and family	\$31.43
Beneficiary child(ren)	\$18.54
Widow(er) only	\$10.20
Widow(er)/bene child(ren)	\$18.54
Domestic Partner	\$10.09

**BLUECROSS BLUESHIELD**  
**Georgia Life Insurance**

**Rate per**  
**\$1,000**  
**of Coverage**

Basic Life - Active Employees	\$0.163
Basic Life - Retirees	\$3.670
Basic AD&D	\$0.030
Additional Life	\$0.440
Dependent Life (Spouse)	\$0.800
Dependent Life (Child)	\$0.238
Surviving Spouse Life	\$2.000

**OPTUM (SPECTERA)**  
**Voluntary Vision**

**Total**  
**Cost**

Employee only	\$4.80
Employee and child(ren)	\$10.56
Employee and spouse	\$10.06
Employee and family	\$13.59
Beneficiary child(ren)	\$5.76
Widow(er) only	\$4.80
Widow(er)/bene child(ren)	\$10.56